Revision:	HCFA-PM-91 AUGUST 1991	, ,	OMB No. 0938-	
State/Territory: Arizona				
Citation	7.4	State Govern	or's Review	
42 CFR 430.12(b)		The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.		
		// Not ap	plicable. The Governor	
		<u>∠</u> / Doe	s not wish to review any plan material.	
		/X/ wis	thes to review only the plan materials cified in the enclosed document. These to review only the Plan Materials as tessary.	
I hereby certify that I am authorized to submit this plan on behalf of				
Arizona Health Care Cost Containment System				
(Designated Single State Agency)				
Date: March 25, 1992				
			Gradul Chen for Leonard J. Knoch (Signature) M.D.	
			Director	
			(Title)	
TN No. 92- Supersedes TN No. No	Appro	oval Date	Effective Date January 1, 1992	
111 110.			HCFA ID: 7982E	